

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025470

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297

Primary Registration District No. 6023

Registrar's No. 94

STATE FILE NUMBER

FILED JUL 2 1963

VS 300
Rev. 4/59

1 0890

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township		Length of stay in lb 3 hours	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 709 E. Olive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOWARD Middle DEAN Last SHARP		4. DATE OF DEATH Month June Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/5/1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto-body repairman		10b. KIND OF BUSINESS OR INDUSTRY Body Repair Shop	9. AGE (last birthday) 28 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Jamesport, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hiram Walter Sharp		13b. MOTHER'S MAIDEN NAME Ollie Riggs	
14. NAME OF HUSBAND OR WIFE Emma Travillion Sharp		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Emma Sharp, 709 E. Olive, Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injuries (Brain) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Auto accident DUE TO (b) 3-8 hrs DUE TO (c) 3-8 hrs		INTERVAL BETWEEN ONSET AND DEATH 3-8 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour 5:55 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 6-23-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Richmond, Mo.	
20g. STATE Missouri		20h. COUNTY Ray	
21. I attended the deceased from 1956 to death and last saw him alive on 6-23-63 . Death occurred at 5:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M.D.	
22b. ADDRESS Richmond, Mo.		22c. DATE SIGNED 6/25/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 25, 1963	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens	23d. LOCATION (City, town, or county) (State) Richmond, Mo.
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 6/25/1963	26. REGISTRAR'S SIGNATURE Malcolm Jackson

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Levant Thurman, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levant Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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JUL 8 1963
JUL 18 1963